Population Policy

2485. SHRI RAJKUMAR DHOOT:
SHRI DHARAM PAL SABHARWAL:
SHRIMATI PREMA CARIAPPA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Population Policy has not been able to check growth of population at anticipated level;

(b) if so, the reasons therefor;

(c) the present rate of growth as compared to that planned in the policy; and

(d) the steps being taken to restrict growth of population?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. The reasons therefor are:—

(i) population growth in India continues to be high on account of large size of the population in the eproductive age group;

(ii) high fertility due to unmet need for contraception;

(iii) high wanted fertility due to high infant mortality rate and

(iv) over 50% of girls marrying below the age of 18.

(c) The present growth of population as reflected in the Crude Birth (CBR) in 2002 was 25.0 and Total Fertility Rate (TFR) was 3.0 as compared to anticipated CBR of 23.0 and TFR of 2.6 in 2002 in the National Population Policy.

(d) Various steps have been taken to stabilize the population of the country. These include adoption of National Population Policy (NPP), constitution of the National Commission on Population, and constitution of an Empowered Action Group (EAG) for focused attention on 8 demographically weaker States. The Reproductive and Child Health Programme (RCH-II) was launched by Government in April, 2005 for provision of reproductive, maternal, child health and contraceptive services to the people. The Government has also launched the National Rural Health Mission on 12.4.2005 to provide for comprehensive integrated

primary healthcare services throughout the country which *inter alia* seeks to stabilise the population growth in the country.

Import of Potassium Iodide

†2486. SHRI KRIPAL PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that everybody is not required to eat iodised salt and many scientists and doctors are of the view that fruits, vegetables, meat, etc., fulfil the deficiency of iodine in our food;

(b) whether it is also a fact that large quantity of potassium iodide is imported to make the salt iodised;

(c) if so, whether multinational companies are getting directly benefited as a result thereof; and

(d) if so, whether Government would consider to relax the compulsion of selling iodised salt?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The medical experts and scientists of the country from All India Institute of Medical Sciences (AIIMS), New Delhi, Indian Council of Medical Research (ICMR), Delhi, Directorate General of Health Services, State Health Directorates, Indian Medical Association (IMA), other medical institutions and International organization (WHO), UNICEF, International Council for Control of Iodine Deficiency Disorders (ICCIDD), Micronutrient Initiative (MI) have clearly opined that there is need of iodine supplementation daily through iodated salt for the entire population as there is environmental iodine deficiency in the country. Consequently, the various food products in the form of vegetarian and non-vegetarian foods are deficient in iodine content and will not provide the normal requirement of nutritional iodine *i.e.* about 100-150 micrograms daily for a person. The studies conducted by Directorate General of Health Services and medical institutions have very clearly demonstrated that as a result of iodine supplementation through iodated salt in various districts of the country, there is significant reduction of iodine deficiency disorders. Recently, the impact evaluation studies conducted by the National Institute of

† Original notice of the question was received in Hindi.